



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) LFT000 CIP1/CON2																									
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	In re Application of Konowalchuk and Konowalchuk																										
	Application No. 10/016,282		Filed December 6, 2001																								
	For: Method for Preventing Lesions Caused by Viruses of the Herpesviridae or Proxviridae Family																										
	Art Unit 1617		Examiner San-Ming Hui																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired):</p> <table border="0" style="width:100%"><thead><tr><th></th><th style="text-align:center"><u>Fee</u></th><th colspan="2" style="text-align:center"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align:right">\$ 110.00</td><td style="text-align:right">\$ 55.00</td><td style="text-align:right">\$ 55.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align:right">\$ 420.00</td><td style="text-align:right">\$ 210.00</td><td style="text-align:right">\$ 0</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align:right">\$ 950.00</td><td style="text-align:right">\$ 475.00</td><td style="text-align:right">\$ 0</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align:right">\$1,480.00</td><td style="text-align:right">\$ 740.00</td><td style="text-align:right">\$ 0</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align:right">\$2,010.00</td><td style="text-align:right">\$1,005.00</td><td style="text-align:right">\$ 0</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status . See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,226</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display:flex; justify-content:space-between; margin-top:20px"><div style="width:45%"><p><u>August 13, 2004</u> Date</p><p>_____ Telephone Number</p></div><div style="width:45%; text-align:right"><p> SIGNATURE</p><p>_____ Typed or printed name</p></div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of _____ one _____ forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	\$ 55.00	\$ 55.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00	\$ 210.00	\$ 0	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00	\$ 475.00	\$ 0	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$ 740.00	\$ 0	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00	\$ 0
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